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FACSIMILE TRANSMISSION COVER SHEET

Date: October 29, 2004

To: United States Patent and Trademark Office
Examiner: Levi, Dameon E. ; Art Unit: 2841

Fax: (703) 872-9306

Re: Application Serial No.: 10/623,243
Filing Date: 7/17/2003; First Named Inventor: Alawani, Ashish
Attorney Docket No.: 0140111

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 15

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated August 19, 2004.

Thank you.

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Attorney Docket No.: 0140111

AMENDMENT COVER SHEETIN RE APPLICATION OF: Alawani, et al.SERIAL NO.: 10/623,243 FILED: July 17, 2003FOR: Overmolded MCM with Increased Surface Mount Component ReliabilityHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.

The fee has been calculated as shown below:

EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

TOTAL EXTENSION FEE \$ 0.00

FEE FOR EXTRA CLAIMS added by Amendment in this response:

Column 1	Column 2	Column 3				
Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small-Entity	FEE	
TOTAL CLAIMS	20	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
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Attorney Docket No.: 0140111

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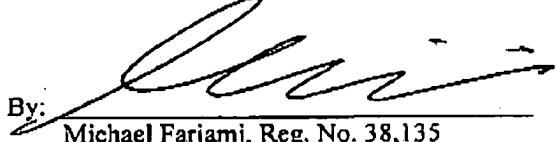
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By:


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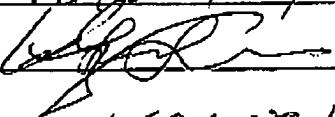
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